

Missed nursing care perceived by mothers of hospitalized pediatric patients

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ABSTRACT

Introduction: Missed nursing care is defined as the care required by the patient that is omitted (partially or totally) or significantly delayed. In the pediatric population, it is relevant to identify the missing care given the vulnerability of children, who may not be able to express or demand the necessary attention. **Objective:** Identify the missed nursing care and its relationship with the reasons perceived by the mothers. **Methodology:** Descriptive correlational study. One hundred sixty two (162) mothers of pediatric patients from a public hospital participated. Data were collected with the MISSCARE instrument; for the analysis, descriptive and inferential statistics were used. **Results:** Main misscare situations are planning of discharge and patient education, followed by basic care such as helping, or carrying, mouth and hands washing (82.1%), checking that the food is at the proper temperature (62.1%) and bringing the food to the patient as well as check the diet before they eat it (61.1%). Lack of enough human resources is the main reason why care is missed. Additionally, unexpected increase in the amount of patients and/or workload (47%) and emergency situations that demand more attention and, thus, generate insufficient time to attend other patients (34.5%) stood out. **Conclusions:** Missed care was identified in the hospitalized pediatric patients and is mainly attributed to lack of human resources. This information shall be considered as relevant by the managers in order to strengthen nursing care in pediatric population.

Keywords: Nursing; care; Patient; Mother (DeCS).

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Cuidado de enfermería perdido percibido por madres de pacientes pediátricos hospitalizados

RESUMEN

Introducción: El cuidado de enfermería perdido se define como el cuidado requerido por el paciente que se omite (parcial o totalmente) o se retrasa significativamente. En la población pediátrica es relevante identificarlo dada la vulnerabilidad de los niños, quienes pueden no ser capaces de expresar o demandar la atención necesaria. **Objetivo:** Identificar el cuidado de enfermería perdido y su relación con las razones en función de la percepción de madres. **Metodología:** Estudio descriptivo correlacional. Participaron 162 madres de pacientes pediátricos de un hospital público. Los datos se recolectaron con el instrumento MISSCARE, para el análisis se utilizó estadística descriptiva e inferencial. **Resultados:** Los cuidados que se pierden principalmente son la planificación del alta y educación al paciente, seguido de cuidado básico como ayudar o realizar el lavado bucal y de manos (82.1%), verificar que la comida esté a una temperatura adecuada (62.1%) y acercar la comida y verificar la dieta antes de que la coman (61.1%). Los cuidados se pierden en primer orden por razones de recursos humanos. Destacó el aumento inesperado en el volumen de pacientes y/o carga de trabajo (47%) y por situaciones de urgencia que demandan mayor atención y generan poco tiempo para atender a otros pacientes (34.5%). **Conclusiones:** Se identificó cuidado perdido en el paciente pediátrico hospitalizado y se atribuye principalmente a razones de déficit de recursos humanos. Esta información es relevante de considerar por los gestores para fortalecer el cuidado de enfermería en la población pediátrica.

Palabras clave: Enfermería; Cuidado; Paciente; Madre (DeCS).

Ausência de cuidados de enfermagem percebidos pelas mães de pacientes pediátricos hospitalizados

ABSTRATO

Introdução: O cuidado de enfermagem omitido é definido como o cuidado exigido pelo paciente que é omitido (parcial ou totalmente) ou significativamente atrasado. Na população pediátrica, é relevante identificar a falta de cuidado dada a vulnerabilidade da criança, que pode não conseguir expressar ou exigir a atenção necessária. **Objetivo:** Identificar os cuidados de enfermagem omitidos e sua relação com os motivos percebidos pelas mães. **Metodologia:** Estudo descritivo correlacional. Cento e sessenta e duas (162) mães de pacientes pediátricos de um hospital público participaram. Os dados foram coletados com o instrumento MISSCARE; para a análise, utilizou-se a estatística descritiva e inferencial. **Resultados:** As principais situações de incumprimento são o planejamento da alta e a educação do paciente, seguidos de cuidados básicos como ajudar ou transportar a lavagem da boca e das mãos (82,1%), verificar se o alimento está na temperatura adequada (62,1%) e levar o alimento ao paciente, bem como verificar a dieta antes de ingeri-la (61,1%). A falta de recursos humanos suficientes é a principal razão pela qual os cuidados são perdidos. Além disso, destacaram-se o aumento inesperado na quantidade de pacientes e / ou carga de trabalho (47%) e situações de emergência que demandam mais atenção e, portanto, geram tempo insuficiente para atender outros pacientes (34,5%). **Conclusões:** A perda de atendimento foi identificada nos pacientes pediátricos hospitalizados e é atribuída principalmente à falta de recursos humanos. Essas informações devem ser consideradas relevantes pelos gestores para fortalecer a assistência de enfermagem à população pediátrica.

Palavras-chave: Enfermagem; Cuidado; Paciente; Mãe (DeCS).

INTRODUCTION

Quality and patient safety are essential in health¹; however, they can be affected by commission and omission errors². "These errors can be an act of commission (doing something wrong like incorrectly administering a drug), or an act of omission (not taking care or delaying it), and both lead to an adverse result. Omission errors represent a greater problem because they are more difficult to recognize than commission errors"³. Missed nursing care is considered an omission error and leads to negative results that affect quality and increase hospitalization stay and care costs⁴.

Missed care has been mainly approached according to the perception of nursing professionals, who provide care to hospitalized adult patients. There are few studies where the perception of users as recipients of care is considered and these have also focused on the adult population. Although the approach to the pediatric population is limited it is considered relevant. Therefore, parents are the ones who make legal decisions regarding pediatric patients, and are the ones responsible for evaluating the quality of care provided to their children, where their opinions seem to reflect the views and attitudes of the child⁵. An important contribution of this study is to include the perception of the mothers since they are the spoke person of the patient in the health system and, therefore, they are the ones who represent the children. Furthermore, they are the ones who spend most of the hospitalization time in the hospital with their children⁶.

The present research addresses missed nursing care in pediatric patients, an age group that is considered relevant because they are susceptible to various health problems due to their age; these health problems are preventable and can be treated in most of the cases⁷.

The Kalisch's Missing Nursing Care Model⁸ is considered appropriate as a theoretical support for the study, since it examines the three main concepts of the Donabedian Quality Model (structure, process, and result)⁹. The structure refers to the hospital infrastructure, the characteristics of the patient's care unit, and the

individual nursing characteristics. The process is the missed nursing care and the result is the one that includes direct effects of the nursing care on the patients.

In the process, Kalisch⁸ includes four types of nursing interventions, namely, (a) the individual needs interventions refer to all those activities that are carried out to provide self-care and emotional support, aimed at treating human responses in situations with health problems, how to apply the drugs indicated, and respond in less than 5 minutes to the patient's call^{3,4}; (b) discharge planning and patient education corresponds to the guidance given to the user and to his relative in a continuous and personalized way, which must start from the moment of the admission of the patient to the hospital unit and throughout his stay, so that upon discharge the necessary measures for the continuity of care at home are reinforced with sufficient information offered to the patient and his caregivers¹⁰; (c) basic care interventions are provided when the patient does not have autonomy to meet his own basic needs; these activities are considered routine in most hospitals, for instance, helping the patient to walk around and change their position accordingly to his needs¹¹; (d) care interventions with continuous evaluations means to constantly assess the patient and make appropriate decisions when health conditions change³.

Kalisch points out that there are reasons why care is missed. These reasons are related to the amount of human resources, availability of material resources, interpersonal relationships, and communication of information⁴, which include "human resources", "materials", and "communication" factors. According to Human Resources, the reasons correspond to the personnel characteristics, material resources, working hours, and experience and level of competence in the profession.^{3,4} The reasons attributed to material resources refer to the lack of availability of the material necessary to take care of the patient, such as medications, medical equipment, or materials⁴. The reasons for communication are interpersonal relationships with the multidisciplinary team in order to better plan the required care^{3,4}.

The nursing care provided to the pediatric population is essential for the fulfillment of quality standards and indicators in accordance with this population; it is an important phenomenon that must be measured within health organizations due to its link to adverse and preventable outcomes in the patients. Regarding the aforesaid, the objective of the study was to identify missed nursing care and its relationship with human and material resources, as well as communication, based on the perception of the mothers of hospitalized pediatric patients.

METHODOLOGY

The study was descriptive and correlational, involving mothers of pediatric patients from a third level public hospital located in the city of León Guanajuato, Mexico, from December 2018 to March 2019. The sample was estimated using the n-Query Advisor software, version 4.0, through correlation analysis with a significance of 0.05, expected correlation of 0.40, and power of 90%, giving a total sample of 162 mothers. The sampling was systematic and probabilistic 1 in 2, through a list of hospitalized pediatric patients, the first mother was randomly selected, and subsequently the other mothers were systematically selected according to the initiation number.

The inclusion criteria were, namely, mothers who assumed the role of main caregiver of their hospitalized children, with a time equal to or greater than 72 hours of hospitalization. Mothers who during data collection whose children were in pediatric hospitalization with advanced or specialized intensive care and who were there because there was no bed availability in the intensive care areas were excluded from the study.

Prior to data collection, the objective of the research was explained to the selected mothers and their voluntary participation was requested, as well as signing of the informed consent. Subsequently, the instrument was applied as an interview. Care was taken that the application was performed at a time when it did not

interfere with the supportive care that such mothers were giving to their children.

The missing nursing care was measured using the MISSCARE¹² instrument; the original questions were adapted to the mothers, taking care at all times to keep the essence of each question (for example: question 1 indicates: "how often does it help the patient to walk around during the day according to his indication", it was adapted as follows: "How often the nursing personnel assist your child walking around according to the indication"). The instrument contains 48 questions corresponding to three sections; the first section allowed to have the profile of the mothers by means of 9 questions, 4 of them related to the characteristics of the mothers (age, sex, schooling, and number of children), and 5 of them with data of the pediatric patient (age, sex, place in the family, previous hospitalizations, and number of days hospitalized). The second section measured missed nursing care with a total of 24 questions (Cronbach's alpha of 0.85), divided into four dimensions: interventions of individual needs, discharge planning and patient education, basic care interventions and care interventions with ongoing evaluations; the responses were comprised by a Likert scale with scores from 0 to 5, where 0 corresponds to "I do not know" and 5 to "It is always missed".

The option "I do not know" was added to qualify all those aspects of nursing care that mothers were unable to identify. The responses were converted into a dichotomous scale, where 1, 2, and 3 were considered as care given, and 4 and 5 as missed care.

The third section measures the reasons for missed nursing care with 15 questions (Cronbach's Alpha of 0.71), which are classified into human and material resources as well as communication. The answers correspond to a Likert scale with options of 4, significant reason; 1, it is not a reason; and 0, I do not know.

The information obtained was captured in a database in the Statistical Program for the Social Sciences, Version 25 (SPSS V25.0). Descriptive statistics and Pearson's correlation analysis were used for the normality of the data obtained according to the kolmogorov Smirnov test. The information was grouped in order to analyze

missed and non-missed care with the support of a global index with values from 0 to 100 for each dimension of care, as well as for the reasons for missed care.

The research was approved by the Ethics and Research Committee of the School of Nursing and Nutrition of the Universidad Autónoma de San Luis Potosí, Mexico, with CEIPE registration - 2018-274, as well as by the Research Committee of the Hospital Regional de Alta Especialidad del Bajío (Bajío's High Specialty Regional Hospital) with registration number CI/HRAEB/2018/032. During the collection, respect for the rights, well-being, and dignity of mothers was taken care of, complying with the provisions set forth by the Official Mexican Standard for Research¹³.

RESULTS

The average age of the mothers was 33.9 years ($SD=8.7$), in terms of the level of studies, complete junior high school predominated (40.7%). The mean number of children was 2.9 ($SD=1.9$), the age of the children was 6.9 years ($SD=5.5$) on average, and the male sex predominated.

Table 1 shows the global index and dimensions of the missed nursing care perceived by the mothers. In the dimension of individual needs interventions, it was identified that the care that is usually missed is the presence of the nurse in the interdisciplinary care visits (41.9%), followed by the assistance of the nursing personnel to help the child to go to the bathroom (38.9%). The care given was for the administration of medications in accordance with the schedule (97.5%), emotional support from the nursing personnel, and evaluation of the medications administered to their children, both with 94.4%. In relation to the dimension of discharge planning and patient education, the care that is most missed corresponds to the fact that "the nursing personnel does not teach the mother how to care for her child at home" (42.6%), followed by not informing the mother about the disease of the child (37.1%).

Regarding the basic care dimension, missed care in activities such as mouth and hand

washing of their children, both with 82.1%, verifying that their children's food is ready at tolerable or adequate temperature (62.3%), and bring and verify the diet before their children eat it (61.1%) was observed. Mainly care provided was that the nurse contributes to the care of the skin, injuries, or wounds of their children (71.6%), and that the nursing personnel help to or bathe their children (63.5%).

In the dimension of care interventions with continuous evaluations, the most missed care was the monitoring from the nursing personnel of the indicated examinations (11.2%). Mothers perceive that there are no omissions of care in measuring vital signs and in verifying the amount of fluids that they drink or that they administer to their children (100%).

The interventions with the most missed care were identified in "discharge planning and patient education" ($Mean=58.2$; $SD=28.7$), followed by "basic care" ($Mean=55.6$; $SD=17.6$). The lowest omission was for "care interventions with continuous evaluations" ($Mean=26.2$; $SD=8.8$). The mean global score for missed care was 42 ($SD=11.6$).

Table 2 shows the indices of reasons for missed care perceived by mothers. In the first place, they are attributed to lack of human resources ($Mean=41.1$; $SD=16$), followed by lack of material and miscommunication.

Regarding the reasons attributed to lack of human resources, the mothers identified as a significant to moderate reason for the missed nursing care the increase in patients in the service (47%) and the emergency situations of the patients in the area or service where nurses are demanded more attention from them, so there is little time left to take care of other patients (34.5%).

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Table 1. Indices by dimension, and global, of the missed nursing care perceived by the mothers of patients of a Public Hospital of the State of Guanajuato, Mexico, 2019

Indices	Mean	Standard Deviation	Confidence interval 95%	
			Lower Limit	Upper Limit
Global missed nursing care	42.0	11.6	40.1	43.8
Individual needs interventions	37.6	12.8	35.6	39.6
Discharge planning and patient education	58.2	28.7	53.8	62.7
Basic care interventions	55.6	17.6	52.8	58.3
Care interventions with ongoing evaluations	26.2	8.8	24.8	27.6

Source: MISSCARE survey for mothers of hospitalized patients.

n = 162

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To estimate the link in the study variables, the Pearson correlation was used for the normality of the data obtained. A significant positive correlation was obtained between the reasons of human and material resources, as well as communication, with all of the care dimensions (Table 3).

DISCUSSION

The study made it possible to identify the missed care perceived by mothers of hospitalized pediatric patients. This is important to consider in organizations because it is documented that a large number of adverse events are a consequence of nursing care that is delayed or omitted. Likewise, it has been associated with longer hospital stays, higher costs and readmissions, as well as complications in the patient^{4,14}.

The pediatric population should be a priority in nursing care⁷ because this age group is

considered vulnerable to various health problems and may not mention care needs that affect their results, so adherence to care interventions reduces the probability of complications⁵.

Mothers perceived missed care in a higher proportion in the "interventions for planning discharge and patient education. These mothers indicated little teaching on how to care for their children after hospital discharge. The foregoing could be attributed to the fact that within health institutions it is the medical personnel who traditionally give said indications; however, there is little involvement of the nursing professional as educator, which represents an area of opportunity due to the fact that it is the health personnel who spend more time with the patient, which is why it is considered to be the ideal professional to identify care needs and provide education to parents or caregivers during the hospital stay as a necessary activity to empower them to care at home, as a result of teamwork between parents and nurses¹⁴. In the second place, they reported missed care in the "basic care interventions" dimension, and the care with the greatest omission corresponded to helping to, or performing,

mouth and hand washing for their children, checking that the food was at a tolerable or adequate temperature, and bring the food closer and check the diet before the children eat it. According to the literature, it is common to identify missed care in basic care interventions, these omissions can be attributed to the fact that nursing professionals consider that these activities are not very complex, also because sometimes the patients perform these activities by themselves or with the help of family members^{15,16}. Most of the time, mothers are the ones who perform this type of care.

These findings are consistent with what was reported in a study¹⁷, where it was identified when interviewing adult hospitalized patients, that "discharge planning and patient education" and "basic care" are the main care that is missed during the hospital stay.

Mothers considered human resources to be the main significant reason for missed care. They pointed out that the increase in the number of patients, the workload in the area, and emergency situations of the patients demand more attention from the nursing personnel and they have little time to care for the other patients. The aforementioned matches a research¹⁷, where similar reasons were seen for missed care in hospitalized adult patients. Likewise, it agrees with the findings of a study from 2017¹⁵ regarding missed nursing care from nursing professionals who provided care to adult population.

Mothers attribute in second order the missed care to reasons related to material resources such as the lack of availability of drugs when they are needed and finally to miscommunication resources. This aspect is relevant for the nursing administrators and demands to look for strategies that favor that the personnel have the necessary supplies when they are required to provide care according to the needs of the patients. These results are consistent with those reported by other authors^{17,18} who mentioned that human and material resources, and communication, were positively and significantly related to missed care.

There is little evidence from research studies that address the issue of missed care in

hospitalized pediatric population. However, some studies where the opinion of parents is considered are consistent in stating that the quality of care depends on aspects related to continuous evaluations and explanations about hospital and home care. It is important that nursing care responds to the expectations of the parents of hospitalized pediatric patients¹⁹ since it is an indicator of quality and safety in the delivery of care.

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Table 2. Indices by dimension of reasons that contribute to the missed nursing care perceived by the mothers of patients hospitalized in a Public Hospital of the State of Guanajuato, Mexico, 2019.

Indices	Mean	Standard Deviation	Confidence interval 95%	
			Lower Limit	Upper Limit
Human Resources	41.1	16.0	38.6	43.5
Material Resources	39.4	19.9	36.3	42.5
Communication	34.2	14.2	31.9	36.4

Source: MISSCARE survey for mothers of hospitalized patients.

n = 162

Table 3. Correlation coefficients between the care dimensions and the reasons for the missed care, perceived by the mothers of the patients hospitalized in a Public Hospital of the State of Guanajuato, Mexico, 2019

Care dimensions	Reasons for missed nursing care		
	Human Resources	Material Resources	Communication
Global missed nursing care	0.329 †	0.272 †	0.347 †
Individual needs interventions	0.345 †	0.227 †	0.366 †
Discharge planning and education of the patient	0.164*	0.199*	0.203 †
Basic care interventions	0.247 †	0.208 †	0.279 †
Care interventions with ongoing evaluations	0.270 †	0.242 †	0.213 †

**p* <0.05; † *p* <0.01

Source: MISSCARE survey for mothers of hospitalized patients.

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CONCLUSIONS

Missed care affects the quality and safety of the patient, so it is relevant to identify the care interventions and the reasons related to care omissions. The findings of this study provide relevant information for nursing managers to facilitate the development and implementation of strategies for improving care for this population group. Nevertheless, it is important that future studies consider the participation of caregivers of pediatric patients from public and private health institutions that allow a broader vision to support decision-making aimed at strengthening nursing care in the pediatric population who is hospitalized.

CONFLICTS OF INTEREST

The authors state that they have no conflicts of interest.

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